

REQUEST FOR CONFIDENTIALITY

Commonwealth of Virginia VA. CODE §§ 19.2-1 1.01; 19.2-11.2; 20-603

Case No.:

TO:

Circuit Court
General District Court
Juvenile and Domestic Relations District Court

Requested By:	
NAME	
.....	
ADDRESS	
.....	
EMPLOYER NAME AND ADDRESS	
.....	
TELEPHONE NUMBER	VIRGINIA DRIVER'S LICENSE NUMBER

Virginia Code §§ 19.2-11.01 and 19.2-11.2. Commonwealth of Virginia vs.

I, the undersigned, am a ☐ victim, ☐ spouse or child of a victim ☐ parent or legal guardian of a victim who is a minor or ☐ spouse, parent, sibling or legal guardian of a victim who is physically or mentally incapacitated, or who was the victim of a homicide. The crime committed against the victim was

<input type="checkbox"/> a felony	<input type="checkbox"/> attempted sexual battery in violation of Va. Code § 18.2-67.5
<input type="checkbox"/> sexual battery in violation of Va. Code § 18.2-67.4	<input type="checkbox"/> driving while intoxicated in violation of Va. Code § 18.2-266
<input type="checkbox"/> assault and battery in violation of Va. Code §§ 18.2-57, 18.2-57.1 or 18.2-57.2	<input type="checkbox"/> maiming while driving intoxicated in violation of Va. Code § 18.2-51.4
<input type="checkbox"/> stalking in violation of Va. Code § 18.2-60	

I request that the above-named court(s) not disclose, release or allow to be examined any information as to my residential address, telephone number, place of employment or that of my family members except as specifically authorized by Va. Code § 19.2-11.2.

The names of my family members to whom this request applies are:

Virginia Code Section 20-60.3.

.....	V.
PETITIONER		RESPONDENT

I, the undersigned, petitioner or respondent, having filed a petition for support, request that the above-named court not disclose, release or allow to be examined any information as to my residential address, mailing address, residential telephone number, employer telephone number, driver's license number, and the name and address of my employer, because

<input type="checkbox"/> a protective order has been issued, a copy of which is attached
<input type="checkbox"/> I will request the court in the support proceeding to find that I am at risk of physical or emotional harm from the other party named in this case, and to omit the protected information from the order of support.

.....
DATE OF REQUEST	SIGNATURE OF PARTY MAKING REQUEST

Received on by

DATE AND TIME	<input type="checkbox"/> CLERK/DEPUTY CLERK	<input type="checkbox"/> MAGISTRATE	<input type="checkbox"/> INTAKE OFFICER
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TO THE CLERK: PLACE IN A SEALED ENVELOPE